



Plumbing Permit Application (RESIDENTIAL)

Hold
No.Permit
No.

**SOUTHERN GULF ISLANDS
WILLIS POINT & MALAHAT
BUILDING INSPECTION**
Mail to: P.O. Box 1000 (625 Fisgard Str.)
Victoria, BC, V8W 2S6
(250)360-3230 FAX (250)360-3232
Toll Free: 1-866-475-1581

**JUAN DE FUCA
BUILDING INSPECTION**
3-7450 Butler Rd.
Sooke, BC V9Z 1N1
(250)642-8109 FAX (250)642-5274

**SALT SPRING ISLAND
BUILDING INSPECTION**
206 - 118 Fulford Ganges Rd.
Salt Spring Island, BC, V8K 2S4
(250)537-2711 FAX (250)537-9633

**PENDER ISLAND
BUILDING INSPECTION
PO BOX 1000
VICTORIA BC V8W 2S6
(250)360-3230**

PLEASE PRINT CLEARLY

Pursuant to the regulations applicable to the CAPITAL REGIONAL DISTRICT: I, _____, First Name _____ Surname _____

Apt. # House # _____ Street _____ City _____ Postal Code _____, being the owner or representing the owner hereby

make application to, INSTALL OR ALTER
PLUMBING SYSTEM OR SEWERS located at:Site address _____
House Number _____ Street _____

LEGAL DESCRIPTION		FOLIO No.
LOT	SECTION	BLOCK
		PLAN
		LAND DISTRICT

Other Pertinent Information

Owner _____ FIRST & LAST NAME _____ ADDRESS (UNIT#, HOUSE #, STREET, CITY, POSTAL CODE) _____

Contractor _____ FIRST & LAST NAME _____ ADDRESS (UNIT#, HOUSE #, STREET, CITY, POSTAL CODE) _____

FEE SCHEDULE	Total No. of Fixtures: <input type="text"/>	VALUE	UNITS	FEE
Fee (first 10 fixtures)		\$ 22 per fixture	X =	0
Fee (additional fixtures)		17 per fixture	X =	0
Hot Water Tank (domestic)		22. per tank	X =	0
Lawn Sprinkler System		49.	X =	
Hot Water Heating Boiler Connection		17.	X =	
Connect to Existing Rough-in		12. per fixture	X =	
Alter Waste Lines (no additional fixtures)		44.	X =	
Water Connection		22.	X 1 =	
Alter Water Lines or Add Special Valve		22.	X =	
Sanitary Sewer Connection		22.	X 1 =	
Storm or Sewage Lift Station		17.	X =	
Remove or Make Safe Private Sewage System		17.	X =	
Installation of Floor Drain		12. each	X =	
Install or Alter Rain Water Leads or Roof Drain		12.	X =	
Install or Replace Cistern For Potable Water		34.	X =	
Lawn Service Stand Pipe (not part of building plumbing)		22.	X =	
Area Drains, Sumps, Catch Basins		22.	X =	
Fire Protection Sprinkler System		22. each of	X =	
Each Group of 10 Sprinklers or Portion Over First 10		17.	X =	
TOTAL FEES				

Payment received by way of

cash

date _____

LIMITATION OF LIABILITY

Neither the issuance of a permit under this bylaw nor the acceptance or review of plans, drawings or specifications or supporting documents, nor any inspections made by or on behalf of the Capital Regional District shall in any way relieve the owner or his or her representatives from full and sole responsibility to perform the work in full accordance with the British Columbia Building Code, the Building Regulation Bylaw of the CRD and all other applicable enactments, codes, and standards.

FREEDOM OF INFORMATION WAIVER

Personal information contained on this form is collected under the authority of the Local Government Act and is subject to the Freedom of Information and Protection of Privacy Act. The personal information will be used for purposes of issuing this permit. Enquiries about the collection or use of information on this form can be directed to the appropriate building inspection office listed at the top of this appendix.

All building in the Capital Regional District Electoral Areas is regulated by Building Regulation Bylaw No. 3741.

Telephone No. _____

Date _____

Signature of Applicant _____